

Attachment 1: Items Monitored Under Section III-C for the 2003-2004 Performance Agreement

REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
<p>Developmental Disability 1: A ten-percent (10%) reduction of the Waiting List for people having a developmental disability is required, dependent upon the availability of resources. If resources are not available, then Area Authority/County Program will not be sanctioned for not meeting a 10% reduction in the Waiting List. If resources are available, (as an example, through additional CAP/MR funding) and the Area Authority/County Program does not achieve a 10% reduction in the Waiting List, then the Area Authority/County Program will inform the Division, in writing, as to why it was unable to reduce the list by 10%. Area Authorities/County Programs will be reviewed on an individual basis based upon the amount of revenue lost.</p> <p>NOTE: Submission of reports, between 7/1/03 and 7/1/04, should be on individuals who were on the waiting list and who are now receiving services.</p>	<p>Single Portal database for entry into service.</p> <p>To assure that funding streams are being utilized to develop/identify services for persons waiting.</p>	<p>Measurement is based on the analysis of submitted data to determine if the 10% reduction has been achieved.</p>	<ul style="list-style-type: none">Compare Wait List data from 7/1/03 with Wait List data from 7/1/04; <p>NOTE: The Wait List Report is due 7/15/03 and 7/15/04..</p>	<ul style="list-style-type: none">Area Authority/County Program not achieving the 10% Wait List when resources are available will inform the Division Contact, in writing, as to why it was unable to reduce the list by 10%.
<p>Adult Mental Health 1: Area Authority/County Program shall:</p> <ol style="list-style-type: none">(1) Verify income and other eligibility criteria prior to requesting authorization that an individual's antipsychotic medication be paid from the State antipsychotic medication fund(2) Shall re-verify that the individual remains eligible at least every 3 months; and(3) The Area Authority/County Program shall notify the Division about any change in individuals' eligibility status as soon as a change is documented.	<p>The General Assembly appropriated funds to pay for atypical anti-psychotic medication for individuals receiving services through the Area Authority/County Program, who have incomes below 150% of the poverty level, and who do not have Medicaid or other insurance coverage for medication. The intent is to ensure that these funds are used for these individuals who meet the income eligibility criteria that are provided to Area Authority/County Program by the Division</p>	<p>Measurement will be whether each Area Authority/County Program that has individuals who have been authorized for medication paid for by these funds has the following procedures in place:</p> <ol style="list-style-type: none">1. A documented procedure to verify income;2. A documented procedure to re-verify income and Medicaid status at least every 3 months; and3. A documented procedure for notifying the Division when there is a change in the individual's eligibility for use of these funds.	<p>Monitoring will be the responsibility of the Division Contact.</p>	<ul style="list-style-type: none">If an Area Authority/County Program does not have all of the required procedures in place, the Area Authority/County Program will be required to submit and implement a corrective action plan to the Division Contact. The corrective action plan, which will be tracked via Accountability 1 of the Performance Agreement, must address the changes that will be made to implement the required procedures.

Attachment 1: Items Monitored Under Section III-C for the 2003-2004 Performance Agreement

REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
Adult Mental Health 2: Area Authority/County Program and state hospital staffs communicate and work together around admission, treatment and discharge of adults who have mental health disabilities.	The intent of this requirement is that Area Authorities/County Programs comply with the following: <ol style="list-style-type: none">The requirements in Hospital Admission/Discharge rules (10A NCAC 28.0201-.0213) which are designed to increase service continuity for Area Authority/County Program consumers who receive State Hospital services.The MH Block Grant requirement – Section 1913(c)(1)(E) that the Area Authority/County Program assures the provision of screening for individuals being considered for admission to State Mental Health facilities (hospitals) to determine the appropriateness of such admission.	This will be number of such records reviewed in which there is documentation that: <ul style="list-style-type: none">The Area Authority/County Program assured evaluation for the individual for hospital admission and sent an authorization form with authorization number and consumer information to the hospital.The hospital and Area Authority/County Program communicated about the development of a post institutional plan that includes an appointment through the Area Authority/County Program or specifies that individual has made other arrangements for post hospital services. Additionally, the institutional records will be reviewed to verify that the Area Authority/County Program was notified of the discharge, the date and the individual’s choice of locations to be seenThe number of records in which there is this documentation will be divided by the number of records in the sample. The benchmark for FY 04 will be based on the average findings from the FY 03 record reviews.	<p>The institutional records will be reviewed to verify that the Area Authority/County Program was notified of the discharge, the date and the individual’s choice of locations to be seen. Area Authority/County Program on site record reviews of a sample of 10 adults with psychiatric diagnoses discharged from State hospitals for whom the discharge plan indicated the Area Authority/County Program would be responsible for the assurance for community treatment are to be included in Medicaid or other scheduled record reviews.</p> <p>This will be included in on-site record reviews done by the Division staff who are responsible for this function. The results regarding adults discharged from State Psychiatric hospitals are to be reported to the Division Contact by the reviewers</p>	<ul style="list-style-type: none">Any Area Authority/County Program that has a decrease in compliance when FY 03 and FY 04 results are compared will be required to submit a plan for increasing compliance with this performance requirement. This plan will be tracked via Accountability 1 of the Performance Agreement.
				AREA AUTHORITY/COUNTY PROGRAM
Child and Family Services 5: Establish Area Authority/County Program Local Community Collaboratives.	The intent of this requirement is to enhance local child-serving agencies collaborative efforts around serving children who are eligible for the Comprehensive Services Treatment	The Division will measure compliance with Local Community Collaborative in two ways: <ol style="list-style-type: none">By January 1, 2004, Area	<ol style="list-style-type: none">Area Authority/County Programs are to send an updated list of Local Community Collaborative members to the Division	<ul style="list-style-type: none">Require corrective action plan, will be tracked via Accountability 1 of the Performance Agreement, if appropriate agencies are not represented as

Attachment 1: Items Monitored Under Section III-C for the 2003-2004 Performance Agreement

REQUIREMENT	INTENT and AUTHORITY	MEASUREMENT	MONITORING and RESPONSIBLE PARTY	CONSEQUENCES FOR NON - PERFORMANCE
	Program funding. Collaborative efforts are required by Area Authority/County Program Memoranda of Agreement with local stakeholders of Department of Juvenile Justice and Delinquency Prevention and local Department of Social Services.	Authority/County Program will submit to the Division Contact an updated list of the members and agencies represented by the Local Community Collaborative.	Contact by July 1, 2004.	specified
Advocacy, Client Rights and Quality Improvement 1: Maintain a fully functioning Client Rights Committee in accordance with Division standards..	To monitor a committee that oversees and reviews rights protections of individuals receiving services through an Area Authority/County Program in accordance with 10A NCAC 27G.0504	Analysis of the Annual Client Rights Report submitted to the area board in accordance with Attachment 10 (Report Guidelines)	Monitoring will now read as it did for 2001-2002 Performance Agreement: <ul style="list-style-type: none">“Self report – Area Authority/County Program submits to Division Contact copy of annual report on Client Rights Committee membership and activities as submitted to the Area Authority/County Program governing body (APSM 30-1 Rule T10:14V.0504(g)). Report due by October 1, 2003.	<ul style="list-style-type: none">Provide technical assistance to Area Authority/County Program whose report is below the standard.